## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10642510

| CLAIMS AS FILED - PART (Column 1) |                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                         | (Column 2)                   |                  |             | SMALL ENTITY TYPE                            |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |  |
|-----------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|------------------------------|------------------|-------------|----------------------------------------------|------------------------|----|----------------------------|------------------------|--|--|
| TOTAL CLAIMS                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                            | 23               |                                         |                              |                  | ſ           | RATE                                         | FEE                    |    | RATE                       | FEE                    |  |  |
| FO                                | R                                              |                                                                                                                                                                                                                                                                                                                                                                                            | NUMBER FILED     |                                         | NUMBER EXTRA                 |                  | Ì           | BASIC FEE                                    | 385.00                 | OR | BASIC FEE                  | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS           |                                                |                                                                                                                                                                                                                                                                                                                                                                                            | 23 minus 20=     |                                         | • 3                          |                  |             | X\$ 9=                                       |                        | OR | X\$18=                     | S4. N                  |  |  |
| IND                               | EPENDENT CL                                    | AIMS                                                                                                                                                                                                                                                                                                                                                                                       | \                |                                         | * &                          |                  | Ì           | X43=                                         |                        | OR | X86=                       | 1W.N                   |  |  |
| MU                                | LTIPLE DEPEN                                   | DENT CLAIM P                                                                                                                                                                                                                                                                                                                                                                               | RESENT           |                                         |                              |                  | ł           | +145=                                        |                        | OR | +290=                      |                        |  |  |
| * If                              | the difference                                 | in column 1 is                                                                                                                                                                                                                                                                                                                                                                             | less than ze     | ro, enter                               | "0" in c                     | "in column 2     |             | TOTAL                                        |                        | OR | TOTAL                      | 1512.V                 |  |  |
|                                   | C                                              | LAIMS AS A<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                   | MENDED           | - PAR<br>(Colur                         |                              | (Column 3)       | CMALL ENTIT |                                              |                        | OR | OTHER<br>SMALL             | THAN                   |  |  |
| AMENDMENT A                       |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                           |                  | HIGH<br>NUMI<br>PREVIO<br>PAID          | EST<br>BER<br>DUSLY          | PRESENT<br>EXTRA |             | RATE.                                        | ADDI-<br>TIONAL<br>FEE | 34 | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                                   | Total                                          | *                                                                                                                                                                                                                                                                                                                                                                                          | Minus            | **                                      |                              | =                |             | X\$ 9=                                       |                        | OR | X\$18=                     |                        |  |  |
|                                   | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                          | Minus            | ***                                     |                              | =                |             | X43=                                         | . •                    | OR | X86=                       |                        |  |  |
|                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                         |                              |                  |             | +145=                                        |                        | ÖR | +290=                      |                        |  |  |
|                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                         |                              |                  |             | TOTAL                                        |                        |    | TOTAL                      |                        |  |  |
|                                   |                                                | (0-1, 0)                                                                                                                                                                                                                                                                                                                                                                                   | ,                | ADDIT. FEE                              |                              | OR               | ADDIT. FEE  | <u>.                                    </u> |                        |    |                            |                        |  |  |
| AMENDMENT B                       |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                |                  | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA |             | RATE                                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                                   | Total                                          | *                                                                                                                                                                                                                                                                                                                                                                                          | Minus            | **                                      |                              | =                |             | X\$ 9=                                       |                        | OR | X\$18=                     |                        |  |  |
|                                   | Indepëndent                                    | *                                                                                                                                                                                                                                                                                                                                                                                          | Minus            | ***                                     |                              | =                |             | X43=                                         |                        | OR | X86=                       |                        |  |  |
| 2                                 | ı ,ਨST PRESE                                   | NTATION C. MI                                                                                                                                                                                                                                                                                                                                                                              | ULTIPLE DEF      | PENDENT                                 | CLAIM                        |                  | 1           | +145= ′                                      |                        |    | +290=                      |                        |  |  |
|                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                         |                              |                  |             | TOTAL                                        | <del></del>            | OR | TOTAL<br>ADDIT. FEE        |                        |  |  |
|                                   |                                                | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                 | •                | (Colu                                   | mn 2)                        | (Column 3)       |             | ADDIT. FEE                                   | · .                    | •  | ADDII. FEC                 |                        |  |  |
| AMENDMENT C                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                  | ·                | PREVI                                   | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE                                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                                   | Total                                          | *                                                                                                                                                                                                                                                                                                                                                                                          | Minus            | **                                      |                              | = .              |             | XS 9=                                        |                        | OR | X\$18=                     |                        |  |  |
|                                   | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                          | Minus ·          | ***                                     |                              | =                |             | X43=                                         |                        | OR | X86=                       |                        |  |  |
| L 0                               | FIRST PRESE                                    | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                               | ULTIPLE DEPENDEN |                                         | T CLAIM                      |                  | ]           | 1.45                                         |                        |    | .200-                      | <u> </u>               |  |  |
|                                   | If the entry in colu                           | l                                                                                                                                                                                                                                                                                                                                                                                          | +145=            | · · · · · · · · · · · · · · · · · · ·   | OR                           | +290=            | <b></b>     |                                              |                        |    |                            |                        |  |  |
| **                                | If the "Highest Nu                             | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                  |                                         |                              |                  |             |                                              |                        |    |                            |                        |  |  |